

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Orthotic & Prosthetic Association PAC

Full Name (Last, First, Middle Initial)

A. Eddie White

Mailing Address 3224 Lake Woodard Drive
Ste 100

City Raleigh State NC Zip Code 27604

FEC ID number of contributing federal political committee.

C

Name of Employer
Beacon Prosthetics & Orthotics

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2015

Transaction ID : A2015-2432902

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Pamela S Young

Mailing Address 4900 Mercer University Dr.

City Macon State GA Zip Code 31210

FEC ID number of contributing federal political committee.

C

Name of Employer
AMPUTEE PROSTHETIC CLINIC

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 16 / 2015

Transaction ID : A2015-2430109

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3200.00

42220.00